Virginia Department of Health, Division of Disease Prevention
Ryan White CARE Act Part B and HIV Prevention Services
Public Hearing Minutes
Norfolk, Virginia
September 18, 2007

The public hearing began at 1:40pm and there were ten attendees (eight service providers and two consumers) and four representatives from the Virginia Department of Health (VDH).

Ami Gandhi, HIV Community Planner for VDH, welcomed participants to the public hearings and introduced VDH representatives. A brief overview of the public hearing process was given and ground rules were discussed. Attendees were informed that questions and comments not asked during the meeting could be submitted within the next two days for inclusion into the minutes.

Ms. Gandhi, then, provided an update on HIV prevention services at VDH. Participants were given an overview of the Virginia HIV Community Planning Committee (HCPC) and were encouraged to apply for membership. Updates were also given on upcoming release of the 2008 Comprehensive HIV Prevention Plan and the 2008 Epidemiology Profile, both of which are anticipated to be released in December of 2007.

Ms. Gandhi then reviewed the new HIV testing recommendations that were released by the Centers for Disease Control and Prevention (CDC) in September of 2006, which advised routing HIV screening of adults, adolescents, and pregnant women in health care settings. She asked the attendees what impact the testing recommendations were having within the Eastern region and what VDH could do to get community and provider buy-in for routine HIV testing, including what messages VDH could provide to get such buy-in. One attendee stated that it will be important to look at the cost of implement routine testing and the staff challenges that will be placed on providers. A suggestion he offered was to co-locate VDH-funded staff to high prevalence areas, such as the Virginia Epidemiology Response Team (VERT). The attendee also suggested that VDH may have to make site visits to providers (both private and public) to assess whether they are complying with the new recommendations.

The forum was then opened up to participants on comments or questions they had regarding HIV prevention services in the state. One attendee asked why more public service announcements (PSAs) were not being utilized to spread HIV prevention messages and not only during National events, such as National HIV Testing Day. VDH representatives responded by stating that as Federal resources for HIV prevention were decreasing, planning for HIV prevention services must consider cost-effective methods to providing services as well as targeted prevention services. PSAs and other media campaigns can be costly and may not reach a large audience or high-risk populations. Another attendee stated that VDH has conducted various community mobilization efforts and reiterated that PSAs are not used because other prevention methods are more effective in reaching target populations. He also stated that we cannot control when and what time of day PSAs are broadcasted unless we get buy-in from the appropriate parties.

Another attendee stated a need for needle exchange programs and a need for condoms in the prison system. VDH representatives responded by stating that both Federal and State regulations prohibit us from implementing needle exchange programs. Also, VDH has no jurisdiction in entering the prison system to provide HIV education, but rather that this falls under the Department of Corrections (DOC). Efforts have been made to collaborate with the DOC.

Another attendee stated that there is a need for HIV education targeting youth in the school system. VDH representatives stated that, again, providing sexual education and/or HIV education in schools falls under the Department of Education (DOE). VDH does collaborate with the DOE and other parties to provide trainings and education. An attendee stated that providing sexual education in the schools will involve a grassroots effort and that many times it is not the schools that do not want the services, but rather the parents.

Another attendee stated that the dilemma in providing HIV prevention services is that there is much apathy in the community. Also, efforts should focus on preventing a behavior, which is easier than changing behavior. More creative ways of approaching HIV prevention are needed, such as social marketing techniques.

Next, Safere Diawara, contract monitor for the Health Care Services unit at VDH, briefly gave an update of health care services, including an update on Ryan White reauthorization, Ryan White Part B available programs and funds, the revised case management standards, additions to the AIDS Drug Assistance Program (ADAP), the transition of the State Pharmaceutical Assistance Program (SPAP) to Patient Service Incorporation (PSI), and an update on the state non-ADAP formulary.

When asked what services are most needed, but are not available, emphasis was put on dental care. A consumer stated that he has difficulty accessing dental health services. Other attendees who provide services in the Eastern region stated services are available and that they would follow up with him to link him to those services.

A consumer commented that Ryan White funds only allow for HIV care-related issues; however, as PLWH/As are living longer because of antiretroviral medications, they are developing other non-HIV care issues such as sexual impotence. He suggested that Viagra be added to either the ADAP formulary or the state non-ADAP formulary. Mr. Diawara explained the process of how medications are added to the ADAP formulary and that medications for the side effects of HIV medications are included in the formulary.

An attendee asked when the case management standards will be launched. Mr. Diawara responded that the revised standards are still on hold waiting on HRSA feedback.

An attendee suggested that strategies to be identified to increase the number of HIV/AIDS primary care providers. He also stated a concern about waiting lists for getting people into care. A provider stated that we should examine issues and difficulties related to the new CDC HIV testing standards. Private organizations do not have supplies and staff to comply with these requirements. There was concern that, as new positives are identified through

increased HIV testing, whether HIV care services would be able to handle the influx of new clients.

Suggestions were made to extend the federal poverty level over 300% which can allow more people to benefit from Ryan White services. It was also suggested that there is a need to enhance collaboration among different Ryan White Part programs and regions through out the state.